

Service Contract Review Summary Report – Short Form
(Division of Aging, Substance Abuse & Mental Health programs; mental health and other therapeutic supports and services)

Division: _____ Review Date: _____

Reviewer(s): _____

Provider Name: _____ Provider ID: _____

Contract #: _____

Review Location(s): _____

Compliance Ratings: Y = Yes; N = No; NA = Not applicable

Component	Compliance? (Yes / No/ NA)			Deficiency Level?	Areas Needing Improvement/ Comments:
Program Requirements/Scope of Work					
Assessment requirements	Y	N	NA	Major ____ Significant ____ Minor ____	
Clients match program description (eligibility/utilization)	Y	N	NA	Major ____ Significant ____ Minor ____	
Specific client objectives are included in all client files.	Y	N	NA	Major ____ Significant ____ Minor ____	
Data for client objectives has been collected and analyzed for all clients? (i.e. quarterly program reviews/monthly reports)	Y	N	NA	Major ____ Significant ____ Minor ____	
Other treatment and service documentation requirements	Y	N	NA	Major ____ Significant ____ Minor ____	
Provider qualifications (required license, Medicaid provider, etc.)	Y	N	NA	Major ____ Significant ____ Minor ____	
Other provider requirements (i.e. Staff Training)	Y	N	NA	Major ____ Significant ____ Minor ____	
Client Wellness					
Methods or system in place to prevent abuse, neglect, or exploitation	Y	N	NA	Major ____ Significant ____ Minor ____	

Component	Compliance? (Yes / No/ NA)			Deficiency Level?	Areas Needing Improvement/ Comments:
Performance measures					
How many performance measures are stated in the contract?	Number: _____				
Data collected for all performance measures	Y	N	NA		
# and % of performance measures successfully met.	Number: _____ Percent: _____				
Customer satisfaction					
Customer satisfaction data has been collected and summarized.	Y	N	NA	Major ____ Significant ____ Minor ____	
Fiscal monitoring					
Case management/ worker verification of billings prior to fund disbursement?	Y	N	NA	Major ____ Significant ____ Minor ____	
Onsite reconciliation of billings with client service records?	Y	N	NA	Major ____ Significant ____ Minor ____	
Federal Assurances and Standard Terms					
Annual self-certification signed? (Only required for multi-year contracts)	Y	N	NA		
The sample of the standard terms and/or Federal Assurances reviewed indicates compliance?	Y	N	NA	Major ____ Significant ____ Minor ____	
Additional Requirements (list additional resources and monitoring result below)					
	Y	N	NA	Major ____ Significant ____ Minor ____	
	Y	N	NA	Major ____ Significant ____ Minor ____	
	Y	N	NA	Major ____ Significant ____ Minor ____	

Component	Compliance? (Yes / No/ NA)			Deficiency Level?	Areas Needing Improvement/ Comments:
	Y	N	NA	Major ____ Significant ____ Minor ____	
	Y	N	NA	Major ____ Significant ____ Minor ____	
	Y	N	NA	Major ____ Significant ____ Minor ____	

Licensing Requirements			
Were possible violations of licensing requirements identified that required notification of the Office of Licensing?	Yes	No	Date of notification: _____ Who was contacted in Licensing? _____ _____

CONTRACT MONITOR (Signature)

Date

CONTRACT MONITOR (Please Print)

CONTRACT MONITOR (Signature)

Date

CONTRACT MONITOR (Please Print)